

# ROADWAY SURFACE CONDITION

- 1 Dry
- 2 Wet
- 3 Snow / Slush
- 4 Ice
- 5 Sand / Mud / Dirt
- 6 Oil
- 7 Standing Water
- 8 Other\*
- 9 Unknown

# WEATHER

- 1 Clear / Partly Cloudy
- 2 Overcast
- 3 Raining
- 4 Snowing
- 5 Fog / Smog / Smoke
- 6 Sleet / Hail / Freezing Rain
- 7 Severe Crosswind
- 8 Blowing Sand/Dirt/Snow
- 9 Other\*
- 0 Unknown

# LIGHT CONDITIONS

- 1 Daylight
- 2 Dawn
- 3 Dusk
- 4 Dark - Street Lights On
- 5 Dark - Street Lights Off
- 6 Dark - No Street Lights
- 7 Other\*
- 9 Unknown

# WORK ZONE (CONSTRUCTION, MAINTENANCE, UTILITY)

- 1 Workers Present
- 2 Workers Not Present
- 3 Traffic Backup From Work Zone

# LOCATION CHARACTER (ONLY IF APPLICABLE)

- 1 Parking Lot
- 2 Bridge / Overpass
- 3 Underpass / Tunnel
- 4 Rest Area / Turn Out
- 5 Shopping Mall / Plaza
- 6 Park & Ride Lot
- 7 Ferry Dock
- 8 School Zone
- 9 Playground Zone
- 0 RR Crossing

# ROADWAY CHARACTER

- 1 Straight & Level
- 2 Straight & Grade
- 3 Straight at Hillcrest
- 4 Straight in Sag
- 5 Curve & Level
- 6 Curve & Grade
- 7 Curve at Hillcrest
- 8 Curve in Sag
- 9 Unknown

# HAZARDOUS MATERIALS (IDENTIFY IN NARRATIVE)

- 1 Hazmat Transported - Not Released
- 2 Hazmat Transported - Released

# TRAFFIC CONTROL

- 1 Signals
- 2 Stop Sign
- 3 Yield Sign
- 4 Flashing Red
- 5 Flashing Amber
- 6 RR Signal
- 7 Officer / Flagger
- 8 Other Traffic Control\*
- 9 No Traffic Control
- 0 Unknown

# POSTED SPEED

MILES PER HOUR FOR EACH VEHICLE INVOLVED

# TYPE OF ROADWAY

- 1 One Way
- 2 Two Way - Undivided
- 3 Two Way - Divided, with Barrier
- 4 Two Way - Divided, no Barrier
- 5 Reversible Road
- 6 Interchange Ramp
- 7 Alley
- 8 Center-Two Way Left Turn Lane
- 9 Driveway
- 0 Unknown

# ROADWAY SURFACE TYPE

- 1 Concrete
- 2 Blacktop
- 3 Brick or Wood Block
- 4 Gravel
- 5 Dirt
- 6 Other\*
- 9 Unknown

# VEHICLE CLASSIFICATION (ONLY IF APPLICABLE)

- 1 Trailer w/GVWR of 10,001 lbs or more, if GVWR of combined vehicle(s) is 26,001 lbs or more.
- 2 Single vehicle w/GVWR of 26,001 lbs or more; or any school bus regardless of size.
- 3 Single vehicle of 26,000 lbs or less, designed to carry 16 passengers or more; or any vehicle regardless of size which requires a HAZ MAT Placard.

# PEDESTRIAN / PEDALCYCLIST WAS USING:

- 1 Sidewalk
- 2 Walkway
- 3 Shoulder
- 4 Marked X Walk
- 5 Unmarked X Walk
- 6 Other\*
- 7 Designated Bike Route
- 8 Roadway

# PEDESTRIAN / PEDALCYCLIST CLOTHING VISIBILITY

- 1 Dark
- 2 Light
- 3 Mixed
- 4 Retro - Reflective
- 5 Other Reflective Apparel\* -Shoes, Patches

# PEDESTRIAN ACTION (ONE PER UNIT)

- 1 Xing at Intersection with Signal
- 2 Xing at Intersection Against Signal
- 3 Xing at Intersection - No Signal
- 4 Xing at Intersection - Diagonally
- 5 From Behind Parked Vehicle
- 6 Xing - Non Intersection - No X Walk
- 7 Xing - Non Intersection - In X Walk
- 8 Walk'g in Roadway with Traffic
- 9 Walk'g in Rdwy Opposite Traffic
- 10 Walk'g on Rdwy Shldr with Traffic
- 11 Walking on Roadway Shoulder Opposite Traffic
- 12 Standing or Working in Roadway
- 13 Pushing or Working on Vehicle
- 14 Playing in Roadway
- 15 Lying in Roadway
- 16 Not in Roadway
- 17 All Other Actions\*
- 18 Fell or Pushed into Path of Vehicle
- 19 At Intersection Not Using Crosswalk

# PEDALCYCLIST ACTION (ONE PER UNIT)

- 43 Xing diagonally
- 44 Riding with Traffic
- 45 Riding Against Traffic
- 46 Fell or Pushed into Path of Vehicle
- 47 Cyclist Turned Into Path of Vehicle-Same Direction
- 48 Cyclist Turned Into Path of Vehicle -Opposite Direction
- 49 All Other Actions\*
- 50 Xing or Entering Trafficway

# CONTRIBUTING CIRCUMSTANCES - DRIVERS, PEDALCYCLISTS OR PEDESTRIANS (NO MORE THAN THREE PER UNIT)

- 1 Under Influence of Alcohol
- 2 Under Influence of Drugs
- 3 Exceeding Stated Speed Limit
- 4 Exceeding Reas. Safe Speed
- 5 Did Not Grant R/W to Vehicle
- 6 Improper Passing
- 7 Following Too Closely
- 8 Over Center Line
- 9 Failing to Signal
- 10 Improper Turn
- 11 Disregard Stop and Go Signal
- 12 Disregard Stop Sign / Flashing Red
- 13 Disregard Yield Sign / Flashing Yellow
- 14 Apparently Asleep
- 15 Improper Parking Location
- 16 Operating Defective Equipment
- 17 Other\* (List in Narrative)
- 18 None
- 19 Improper Signal
- 20 Improper U Turn
- 21 Light Violation: No Lights / Fail to Dim
- 22 Did Not Grant R/W to Pedestrian/ Pedalcyclist
- 23 Inattention
- 24 Improper Backing
- 30 Disregard Flagger / Officer
- 31 Apparently Ill
- 32 Apparently Fatigued
- 33 Had Taken Medication
- 34 On Wrong Side of Road
- 35 Hitchhiking
- 36 Failure to Use Xwalk

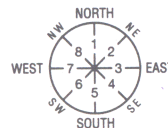
# VEHICLE ACTIONS (NO MORE THAN THREE PER VEHICLE)

- 1 Going Straight Ahead
- 2 Overtaking and Passing
- 3 Making Right Turn
- 4 Making Left Turn
- 5 Making U-Turn
- 6 Slowing
- 7 Stopped for Traffic
- 8 Stopped at Signal or Stop Sign
- 9 Stopped in Roadway
- 10 Starting in Traffic Lane
- 11 Starting From Parked Position
- 12 Merging (Entering Traffic)
- 13 Legally Parked, Occupied
- 14 -Legally Parked, Unoccupied
- 15 Backing
- 16 Going Wrong Way on Divided Hwy
- 17 Going Wrong Way on Ramp
- 18 Going Wrong Way on One-Way Street or Road
- 19 Other\*
- 20 Changing Lanes
- 21 Illegally Parked, Occupied
- 22 Illegally Parked, Unoccupied

# VEHICLE CONDITION (NO MORE THAN THREE PER VEHICLE)

- 1 Defective Brakes
- 2 Defective Headlights
- 3 Defective Rear Lights
- 4 Tires Worn or Smooth
- 5 Tires Punctured or Blown
- 6 Lost a Wheel
- 7 Defective Steering Mechanism
- 8 Power Failure
- 9 Headlights Glaring
- 10 Other Lights / Reflectors Insufficient
- 11 Other Defects\*
- 12 No Defects
- 13 Motorcycle - Lights Off
- 14 Equipped with Studded Tires
- 15 Motorcycle Windshield Installed
- 16 Truck / Trailer Safety Inspection

# DIRECTION OF MOVEMENT (INDICATE BY NUMBER THE "FROM" AND "TO" MOVEMENT)



- 9 Vehicle Stopped
- 0 Vehicle Backing

# SOBRIETY

- 1 HBD - Ability Impaired
- 2 HBD - Ability Not Impaired
- 3 HBD - Sobriety Unknown
- 4 Had Not Been Drinking
- 9 Unknown

# ALCOHOL TEST

- 97 Test Given - Results Pending
- 98 Test Given - No Results
- 99 Test Refused
- OR: List Actual Test Results in 100ths

# DRE ASSESSMENT (NO MORE THAN 2 PER UNIT)

- 1 CNS - Depressants
- 2 CNS - Stimulants
- 3 Hallucinogens
- 4 PCP
- 5 Narcotic Analgesics
- 6 Inhalants
- 7 Cannabis
- 8 Drug Combinations
- 9 Drug Impaired, Type Not Determined
- 0 Not Drug Impaired

# SEQUENCE OF EVENTS (UP TO FOUR PER VEHICLE)

- 1 Collision Involving Motor Vehicle in Transport
- 2 Collision Involving Fixed Object
- 3 Collision Involving Other Object
- 4 Collision Involving Parked Vehicle
- 5 Collision Involving Pedestrian
- 6 Collision Involving Pedalcyclist
- 7 Collision Involving Animal
- 8 Collision Involving Train
- 9 Ran off the Road
- 10 Jackknife
- 11 Overturn (Rollover)
- 12 Downhill Runaway
- 13 Cargo Loss or Shift
- 14 Explosion or Fire
- 15 Separation of Units
- 16 Other\*



# STATE OF WASHINGTON

POLICE TRAFFIC COLLISION REPORT OVERLAY

3000-345-359 Revised (1/97)

① UNIT #1 ② UNIT #2

\*DESCRIBE IN THE NARRATIVE





SUPPLEMENTAL  
POLICE TRAFFIC  
COLLISION REPORT



013197

CORRECTION ☐



REPORT NO.

CASE #

COMMERCIAL MOTOR CARRIER

ANY VEHICLE TOWED? ☐

INTERSTATE ☐

INTRASTATE ☐

UNIT #

USDOT

ICC #

VEHICLE TYPE

CARGO BODY TYPE

CARRIER NAME

CARRIER ADDRESS

CITY

ST

ZIP

NAME SOURCE

# AXLES

GVWR

PLACARD

+

NAME IF NO NUMBER

ADDITIONAL UNITS

UNIT #

MOTOR VEHICLE ☐

PEDAL-CYCLE ☐

PEDESTRIAN ☐

PROPERTY OWNER ☐

DAMAGE THRESHOLD MET ☐

PHONE

LAST NAME

FIRST NAME

MIDDLE INITIAL

STREET NEW ADDRESS ☐

CITY

ST

ZIP

DRIVER'S LICENSE #

STATE

SEX

D.O.B. MMDDYYYY

ON DUTY ☐

STATUS

AIRBAG

RESTR.

EJECT

HELMET USE

INJURY CLASS

NATURE OF INJURIES

LICENSE PLATE #

STATE

VIN#

TRAILER PLATE #

STATE

TRAILER PLATE #

STATE

VEH. YEAR

MAKE

MODEL

STYLE

TOWED BY

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐

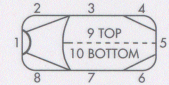
INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING YES ☐ NO ☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA



UNIT #

MOTOR VEHICLE ☐

PEDAL-CYCLE ☐

PEDESTRIAN ☐

PROPERTY OWNER ☐

DAMAGE THRESHOLD MET ☐

PHONE

LAST NAME

FIRST NAME

MIDDLE INITIAL

STREET NEW ADDRESS ☐

CITY

ST

ZIP

DRIVER'S LICENSE #

STATE

SEX

D.O.B. MMDDYYYY

ON DUTY ☐

STATUS

AIRBAG

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MAKE

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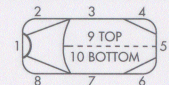
INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING YES ☐ NO ☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA



I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST DET

DATED:

PLACE SIGNED

BADGE OR ID #

ORI #

APPROVED BY

DATE

PAGE

OF

3000-345-013 R (9/97)

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INSTRUCTIONS

This Police Traffic Collision Report is designed to use computer technology to read and record your printed responses. To ensure accuracy, please follow these instructions when completing the report.

When the information requested is not available or not applicable, leave that portion of the report blank.

Print in block capital letters using a black ball-point pen with a medium tip; do not use a pencil or felt-tip pen. Please follow the examples below:

ABCDEFGHIJKLMN

OPQRSTUVWXYZ1234567890

Note: sevens and zeros should not be crossed

Items requiring a box to be marked should be filled in as follows:

RIGHTWRONG

When the information requested is not available or not applicable, leave that portion of the form blank.  
Enter the pre-printed REPORT NO. found at the top right of Part A, on all subsequent pages.  
Include the REPORT NO. if you are providing exchange of information to individuals involved.

If applicable to your jurisdiction, enter the Case # on all pages.  
Use the Unit #1 section of Part A to capture information on motor vehicle drivers or pedalcyclists.  
Use the Unit #2 section of Part A to capture information on motor vehicle drivers, pedalcyclists, pedestrians or property owners.  
Use the applicable Status codes to further describe pedestrians or pedalcyclists involved.  
Use the Additional Persons Involved section of Part B to capture information on vehicle passengers or witnesses only.

Use the Supplemental Police Traffic Collision Report to capture information on additional units.

WHEN TO USE THE COMMERCIAL MOTOR CARRIER PORTION OF THE REPORT  
(See Supplemental Police Traffic Collision Report).

Answers to questions below determine use.

Did this collision involve -

Yes

No

1

A truck with at least 2 axles and 6 tires?

2

A bus with seats for 16 or more people, including driver?

3

Any vehicle requiring a hazardous material placard?

STOP - If response to all above questions is "No", do not complete the Commercial Motor Carrier portion of report.

4

A fatal injury?

5

An injured person who was transported for immediate medical attention?

6

A vehicle which was towed because of disabling damage?

7

A vehicle requiring intervening assistance before proceeding under its own power? (e.g., towed from ditch, etc.)

Note: If response to question 6 or 7 is "Yes", mark the "Any Vehicle Towed?" box on the Commercial Motor Carrier portion of report.

STOP - If response to the last four items is "No", do not complete the Commercial Motor Carrier portion of report.

USE THE FOLLOWING CODES ON THE COMMERCIAL MOTOR CARRIER PORTION OF THE REPORT.

VEHICLE TYPE

1 Bus

2 Single-unit Truck; 2 axle, 6 tires

3 Single-unit Truck; 3 or more axles

4 Truck/Trailer

5 Truck Tractor (Bob-tail)

6 Tractor/Semi-Trailer

7 Tractor/Doubles

8 Tractor/Triples

9 Other/Cannot Classify

CARGO BODY TYPE

1 Bus

2 Van/Enclosed Box

3 Cargo Tank

4 Flatbed

5 Dump

6 Concrete Mixer

7 Auto Transporter

8 Garbage/Refuse

9 Other

NAME SOURCE (CARRIER)

1 Side of Vehicle

2 Shipping Papers

3 Driver

4 Log Book

USE THE FOLLOWING CODES FOR STATUS, SEAT POSITION, AIRBAG, RESTRAINT SYSTEMS, EJECTION, HELMET USE AND INJURY CLASS

STATUS OF PEDESTRIAN/  
PEDALCYCLIST

1 Bicyclist

2 Tricyclist

3 Person on Foot

4 Roller Skater /  
Skateboarder

5 Non-Motorized  
Wheelchair

6 Motorized Wheelchair

7 Flagger

8 Roadway Worker

9 Emergency Response  
Personnel

0 Other\*

SEAT POSITION

7

4

1

8

5

2

9

6

3

10 Other Position\*

11 Position  
Unknown

12 Motorcycle

13 Outside of  
Vehicle

AIRBAG

1 Not Airbag Equipped

2 Airbag Equipped  
-Not Activated

3 Airbag Equipped  
-Activated

9 Unknown

RESTRAINT SYSTEMS

1 No Restraints Used

2 Lap Belt Used

3 Shoulder Belt Used

4 Lap & Shoulder Belt  
Used

5 Child Infant Seat  
Used

6 Child Convertible  
Seat Used

7 Child Built-In Seat  
Used

8 Child Booster Seat  
Used

9 Unknown

EJECTION

1 Not Ejected

2 Totally Ejected

3 Partially Ejected

9 Unknown

HELMET USE FOR  
MOTORCYCLISTS,  
PEDALCYCLISTS,  
SKATERS OR  
SKATEBOARDERS

1 Helmet Used

2 Helmet Not  
Used

9 Other

INJURY CLASS

1 No Injury

2 Dead at Scene

3 Dead on Arrival

4 Died at Hospital

5 Disabling Injury

6 Non Disabling  
(Evident Injury)

7 Possible Injury

\* DESCRIBE IN THE NARRATIVE.



\*DESCRIBE IN THE NARRATIVE





SUPPLEMENTAL  
POLICE TRAFFIC  
COLLISION REPORT



013197

CORRECTION ☐



REPORT NO.

CASE #

COMMERCIAL MOTOR CARRIER

ANY VEHICLE TOWED? ☐

INTERSTATE ☐

INTRASTATE ☐

UNIT #

USDOT

ICC #

VEHICLE TYPE

CARGO BODY  
TYPE

CARRIER  
NAME

CARRIER  
ADDRESS

CITY

ST

ZIP

NAME  
SOURCE

#  
AXLES

GVWR

PLACARD  
☐

+

NAME IF NO NUMBER

ADDITIONAL UNITS

UNIT #

MOTOR  
VEHICLE ☐

PEDAL-  
CYCLE ☐

PEDESTRIAN ☐

PROPERTY  
OWNER ☐

DAMAGE THRESHOLD  
MET ☐

PHONE

LAST NAME

FIRST NAME

MIDDLE  
INITIAL

STREET  
NEW ADDRESS ☐

CITY

ST

ZIP

DRIVER'S  
LICENSE #

STATE

SEX

D.O.B.  
MMDDYYYY

ON DUTY ☐

STATUS

AIRBAG

RESTR.

EJECT

HELMET  
USE

INJURY  
CLASS

NATURE OF INJURIES

LICENSE  
PLATE #

STATE

VIN#

TRAILER  
PLATE #

STATE

TRAILER  
PLATE #

STATE

VEH. YEAR

MAKE

MODEL

STYLE

TOWED BY

REGISTERED OWNER INFO.

LIABILITY INSURANCE  
IN EFFECT ☐

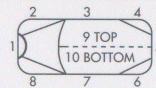
INSURANCE CO  
& POLICY #

VEHICLE  
LEGALLY  
STANDING YES ☐ NO ☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA



FROM TO

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I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST DET

DATED:

PLACE SIGNED

BADGE  
OR ID #

ORI  
#

APPROVED BY

DATE

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OF

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STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION ☐

REPORT NO.

CASE #

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME  
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.  
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT  
POS.

AIRBAG

RESTR.

EJECT

HELMET  
USE

INJURY  
CLASS

NATURE OF INJURIES

NAME  
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.  
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT  
POS.

AIRBAG

RESTR.

EJECT

HELMET  
USE

INJURY  
CLASS

NATURE OF INJURIES

NAME  
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.  
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT  
POS.

AIRBAG

RESTR.

EJECT

HELMET  
USE

INJURY  
CLASS

NATURE OF INJURIES

NAME  
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.  
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT  
POS.

AIRBAG

RESTR.

EJECT

HELMET  
USE

INJURY  
CLASS

NATURE OF INJURIES

DIAGRAM

INDICATE NORTH  
BY ARROW



NARRATIVE

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

DATE

BADGE OR ID #

ORI #

TIME POLICE DISPATCHED

TIME POLICE ARRIVED

PART B 3000-345-160 R (9/97)

PAGE OF

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INSTRUCTIONS FOR COMPLETING  
STATE OF WASHINGTON  
VEHICLE COLLISION REPORT

① UNFOLD HERE ➡

The operator or owner of any vehicle involved in a collision within this state in which any person is injured, including one's self, or in which any person's property sustains damages in the amount of \$500.00 or more is required to complete this collision report form. **Mail this report to the Washington State Patrol, Records Section, P.O. Box 42628, Olympia, WA 98504-2628.**

GENERAL INSTRUCTIONS

This Vehicle Collision Report is designed to use computer technology to read and record your printed responses. To ensure accuracy, please follow these instructions when completing the report.

**When the information requested is not available or not applicable, leave that portion of the form blank.**

Print in block capital letters using a black ball-point pen with a medium tip; do not use a pencil or felt-tip pen. Please follow the examples below:

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	1	2	3	4	5	6	7	8	9	0
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Note: sevens and zeros should not be crossed

Items requiring a box to be marked should be filled in as follows: ☐ OR ☒

**If the collision was investigated by a law enforcement officer:**

- A seven digit Report Number should have been provided to you at the time of the collision by the investigating officer.
- This Report Number is pre-printed on the Police Traffic Collision Report.
- If you were not provided a Report Number, contact the investigating law enforcement agency.
- **The Report Number MUST be entered in the boxes provided in the upper right corner on all pages of the Vehicle Collision Report.**

**If the collision was not investigated by a law enforcement officer,** leave the Report Number blank.

SPECIFIC INSTRUCTIONS (Items which are self-explanatory are not listed)

<p><b>COLLISION LOCATION</b></p> <p>COLLISION OCCURRED ON: Mark one road category box. Examples are:</p> <p>Interstate - I-5, I-82, I-90, I-182, I-205, I-405 or I-705 State Route - includes all state highways and US routes; for example, SR 20, Highway 99, US 395 City Street - a street or road within an incorporated city, which is not in another road category County Road - a street or road outside an incorporated city, which is not in another road category Other - parks, campuses, forest service roads, military bases, park and ride lots, etc. Private Way - private roads, shopping malls, parking lots, driveways, etc.</p> <p>PLACE WHERE COLLISION OCCURRED:</p> <p>COUNTY: Print the name of the county in which the collision occurred. If uncertain, check with local law enforcement agency.</p> <p>IF THE COLLISION OCCURRED INSIDE CITY LIMITS:</p> <ul style="list-style-type: none"><li>• leave miles and direction blank,</li><li>• mark the "IN" box,</li><li>• print name of city,</li><li>• print name of street or highway in the boxes following the word "ON"</li></ul> <p>IF THE COLLISION OCCURRED OUTSIDE CITY LIMITS:</p> <ul style="list-style-type: none"><li>• enter the number of miles and mark the direction from closest city,</li><li>• mark the "OF" box,</li><li>• print name of city,</li><li>• print name of street or highway in the boxes following the word "ON"</li></ul> <p><b>and</b></p> <p>IF THE COLLISION OCCURRED AT AN INTERSECTION:</p> <ul style="list-style-type: none"><li>• print name of intersecting street or road in the boxes following the word "AT"</li></ul> <p>IF THE COLLISION DID NOT OCCUR AT AN INTERSECTION:</p> <ul style="list-style-type: none"><li>• print names of street or roads on either side of the collision in the boxes following the words "BETWEEN" &amp; "AND",</li><li>• enter distance in feet and mark the direction from closest reference,</li><li>• print reference name in the boxes following the word "OF"</li></ul>
--



INSTRUCTIONS FOR COMPLETING  
STATE OF WASHINGTON  
VEHICLE COLLISION REPORT

② REMOVE INSTRUCTION  
SHEET AT LEFT

DRIVER/VEHICLE INFORMATION

**The person completing the report should use UNIT 01 for their response**, while UNIT 02 is the other party involved. A UNIT may be a motor vehicle, pedalcycle (bicycle, tricycle, unicycle), pedestrian (includes wheelchairs, skateboards and roller skates) or property owner incurring damage. Mark only one category box per UNIT. If the "PROPERTY OWNER" box is marked, enter the property owner's name and address, the name of the object struck and the estimated cost to repair.

If more than 2 UNITS are involved in the collision, use additional report form(s). Write the UNIT number(s) in the boxes adjacent to UNIT 01 and UNIT 02 on the additional form(s). For example, if there were three units involved in the collision, enter "03" in the two boxes to the right of "UNIT 01" for the third unit.

ADDRESS: Mark the "NEW" box if this address is different from that on your driver's license.

DRIVER'S LICENSE NO.: If your driver's license number is longer than 12 characters, print the first 12 characters only.

WAS HELMET USED...: Mark the appropriate "YES" or "NO" box if the person was operating a motorcycle (includes motor scooters and mopeds), pedalcycle (includes bicycles, tricycles, and unicycles), or on a skateboard or roller skates.

INJURY CLASS: Mark one box only.

NATURE OF INJURIES: Describe injury; for example, bruised ribs, broken arm, etc.

MARK IF THIS UNIT WAS A COMMERCIAL VEHICLE. A commercial vehicle is described as:

- a single vehicle with a gross vehicle weight rating (GVWR) of more than 26,000 pounds; or
- a trailer with a GVWR of more than 10,000 pounds if the gross weight rating of the combined vehicle(s) is more than 26,000 pounds; or
- a vehicle designed to transport 16 or more persons (including the driver); or
- a school bus regardless of size; or
- any size vehicle which requires a placard for transporting hazardous materials.

TRAILER PLATE NO.: If applicable, enter the full license plate number for the trailer.

REGISTERED OWNER NAME and ADDRESS: If registered owner is same as driver, you need only write "SAME" in the space provided for registered owner.

REGISTERED OWNER DATE OF BIRTH: Enter if known.

INSURANCE CO. & POLICY NO.: Enter the specific insurance company that is underwriting liability coverage, not the insurance broker/agent. Note that the coverage is for liability insurance (which is mandatory in Washington State), not collision or comprehensive coverage. Enter the policy number. The name of the automobile insurance company and policy number may be found on the insurance card provided by the company.

OBJECT STRUCK: Does not include vehicles involved in the collision.

**If there is not an identifiable property owner**, for example deer, embankment, tree, etc., enter the name of object struck in the space provided on the report with your UNIT.

**If there is an identifiable property owner**, for example utility pole, guardrail, building, etc., mark the "PROPERTY OWNER" box for a UNIT other than yours. Enter the property owner's name and address, the name of the object struck and the estimated cost to repair.

INJURED PASSENGERS

Complete this section of the form only for those passengers who were injured in the collision. Be sure to identify in which UNIT the passengers were riding, for example 01, 02, etc. If more than two passengers were injured, use additional report form(s) to enter the information.

WAS HELMET USED...: Mark the appropriate "YES" or "NO" box if the person was a passenger on a motorcycle (includes motor scooters and mopeds) or pedalcycle (includes bicycles, tricycles, or bicycle trailers).

COLLISION DESCRIPTION

VEHICLE LEGALLY STANDING: Examples include: stopped at a stop sign, yield sign, traffic signal, stopped due to traffic backup or granting the right of way to another vehicle or pedestrian, etc.

TYPE OF ROAD: The word "BARRIER" refers to any protective device which separates opposing lanes of traffic. Examples of barriers include guardrails, concrete barriers, etc.

IF HAZARDOUS MATERIALS TRANSPORTED: Examples of hazardous materials include flammable liquids, corrosives, explosives, ammonia, chlorine, or radioactive substances.